

Foster Family Home - Corrective Action Report

Provider ID: 1-563826

Home Name: Teresita Koh, CNA

Review ID: 1-563826-8

94-295 Kahuahele Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/22/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due within 30 days.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's APS/CAN lapsed on 12/5/2020 and renewed on 12/11/2020. CG#4's APS/CAN/Fingerprinting lapsed on 5/5/2020 and renewed on 12/11/2020.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training for CG#2, CG#3, CG#4 and HHM#2.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8)- CG#3's CPR and First Aid training certification expired on 5/31/2020; Blood borne pathogen and infection control training certification expired on 11/2020. No current renewals seen in the CCFFH binder.

41.(c)- No annual in service training seen in the CCFFH binder for the year 2020 for CG#1, CG#2, and CG#3.

41.(f)(1)- TB clearance for CG#3 expired on 3/5/2020 and no current renewal seen in the CCFFH binder.

Foster Family Home - Corrective Action Report

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2)Staff- Sign In/Out Sheet without any amount of hours documented and totaled each time that CG#1 signs out and back in the CCFFH. Noted that CG#1 was not home when CTA arrived in the CCFFH. CG#4 was substituting for CG#1. Both had not signed in/out of the CCFFH.

Foster Family Home

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)- No gate buzzer or intercom seen outside of the CCFFH's gate; gate was locked and CTA was unable to have a quick access to the CCFFH.

Foster Family Home

Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

Comment:

53.(a),(b)(1)- No signature seen of Client #1/Guardian on the Admission Policy and Agreement.

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;


54.(c)(8) Personal inventory.


Comment:

54.(c)(2)- Client #2's Service Plan expired on 10/11/2020.

54.(c)(5)- there were 4 medications that were listed in the Medication Administration Record that were currently not available during CCFFH inspection.

54.(c)(8)- No Personal Inventory Checklist seen in Client #1's chart/binder.


 Compliance Manager


 Primary Care Giver

12/22/2020
 Date

12-22-20
 Date

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan
Chapter 11-800

PCG's Name on CCFFH Certificate: Teresita Koh
 CCFFH Address: 94-295 Kahuahele St. Waipahu, HI 96797

Rule Number:	Corrective Action Takes – How was each Issue fixed for each violation?	Date each violation was fixed:	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1)-(2)	CG#1 and CG#4 current APS/CAN/ Fingerprinting. Result was filed in home binder.	12/5/2020	Home will use a calendar or a reminder app to schedule due dates 3 months prior to avoid future lapses.
16.(b)(5)	CG#2, CG#3, CG#4, and HHM#2 confidentiality, procedure, and client privacy rights training have been completed and signed. As well as filed and placed in the home binder.	12/22/2020	CG#1 will make sure to have all the caregivers sign the confidentiality as well as the procedure and client privacy rights training once the client is admitted to the home. We will set a reminder by informing the SCG that is taking care of the client via group text messaging.
41.(b)(8)	CG#3's CPR, First Aid, Blood Borne pathogen, and infection control training certifications. All completed certifications of training were obtained and filed in the home binder.	03/02/2020 12/28/2020 11/04/2020	CG#1 will set a reminder and mark the calendars 3 months prior to keep all training up to date.
41.(c)	CG#1, CG#2, and CG#3's 12-hour annual training certificates were obtained and was filed in the home binder.	12/28/2020	CG#1 will set a reminder and mark the calendars 3 months prior to keep all training updated as required.
41.(f)(1)	CG#3 obtained a current TB clearance. Results were filed in the home binder.	12/28/2020	CG#1 will set a reminder and mark the calendars 3 months prior to keep all training updated as required.
(3P)(b)(2)	Sign In/Out sheet will be kept in the home binder.	12/28/2020	CG#1 will co-ordinate with another SCG to make sure there is enough coverage when CG#1 is absent.

☒ All items that were fixed are attached to this CAP

PCG Signature: Tmz

Date: 1-06-2021

☒ CTA has reviewed all corrected items

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan
Chapter 11-800**

PCG's Name on CCFFH Certificate: Teresita Koh
CCFFH Address: 94-295 Kahuahele St. Waipahu, HI 96797

Rule Number:	Corrective Action Takes – How was each Issue fixed for each violation?	Date each violation was fixed:	Prevention Strategy – How will you prevent each violation from happening again in the future?
50.(e)	CG#1 Installed gate buzzer.	12/28/2020	CG#1 will check on a regular basis to make sure the gate buzzer will work properly. And CTA and other providers will have quick and easy access to the CCFFH.
53.(a), (b)(1)	Client #1's written policies and procedures of rights of client has been signed and a copy was filed in the home binder. Other copies will be provided to the client or client's representative.	12/28/2020	CG#1 will provide the client or legal representative in the time of admission will be signed and documented. Then will be made available to the public when requested.
54.(c)(2)	Client #2's Service Plan has been signed, updated, and filed in the client binder.	12/28/2020	CG#1 will co-ordinate time with CMA RN to timely perform the necessary documentation.
54.(c)(5)	CG#1 has checked the current PRN medication and refilled at the pharmacy.	12/28/2020	CG#1 and CMA RN will check the client's current medication as well as set a reminder on the phone app for the time of refill to avoid running out of medication.
54.(c)(8)	Client #1's Personal Inventory check list has been filed to the chart/ binder.	12/28/2020	CG#1 will conduct the Personal Inventory check list in the time of client admission. Every time the legal representative or client's family will bring personal belongings to client, it should be added to the check list.

☒ All items that were fixed are attached to this CAP

PCG Signature: T. Koh

Date: 1/6/2021

☒ CTA has reviewed all corrected items